

COMPLETION OF FORM DPA 2189
STERILIZATION CONSENT FORM

To facilitate processing a claim to which the attachment of Form DPA 2189, Consent Form, is required, all sections must be completed. The terminology regarding the sterilization should be consistent throughout the consent form.

<u>ITEM</u>	<u>INSTRUCTIONS</u>
1. Physician's or clinic name	Must be the name of the physician or clinic responsible for giving the recipient the required information regarding sterilization.
2. Name of sterilization operation	Must be present.
3. Recipient's birth date	Must be recipient's birth date as listed on the invoice.
4. Recipient's name	Must be recipient's name. A. Must match recipient's name on invoice and Items #7, #12, & #18 on consent form.
5. Physician's name	Must be name of physician or clinic that performed sterilization.
6. Sterilization Method	Must be present.
7. Recipient signature	Must be recipient's full first <u>and</u> last name. A. Must match name on invoice, and Items #4, #12, & #18 on consent form. B. Must be an original signature in ink. (Printed signature is acceptable).
8. Date consent form signed by recipient	Must be the date that the recipient signed the consent form A. Must be at least 72 hours prior to date of sterilization. (Listed on invoice and Item #19 on consent form.) <u>NO EXCEPTIONS!</u> B. Must be more than 30, but less than 180 days prior to date of sterilization.

ITEM

INSTRUCTIONS

C. If less than 30 days:

1. Provider must give explanation as outlined in final paragraph of consent form - giving either the recipient's original expected delivery date or an explanation of the emergency abdominal surgery.
2. When premature delivery is checked, the original expected date must be more than 30, but less than 180 days after consent form was signed.

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| 9. Interpreter's statement | Must specify the language into which the sterilization information has been translated. |
| 10. Interpreter's signature | Must be interpreter's name.

A. Must be an original signature in ink. (Printed signature is acceptable). |
| 11. Date of interpreter's statement | Must be completed with a date. |
| 12. Name of individual | Must be the recipient's name.

A. Must match recipient's name on invoice and Items #4, #7, & #18 on the consent form. |
| 13. Sterilization Operation | Must be present. |
| 14. Signature of person obtaining consent | Must be an original signature in ink. |
| 15. Date consent was obtained | Must be completed with a date. |
| 16. Facility | Must refer to the location of the physician or clinic obtaining the consent. |
| 17. Facility address | Must refer to the location of the physician or clinic obtaining the consent. |

<u>ITEM</u>	<u>INSTRUCTIONS</u>
18. Name of individual to be sterilized	<p>Must be recipient's name.</p> <p>A. Must match recipient's name on invoice and Items #4, #7, & #12 on the consent form.</p>
19. Date of sterilization	<p>Must match the date of sterilization listed on invoice.</p> <p>A. Must be <u>at least</u> 72 hours after date of recipient's signed consent. (Listed in Item #8). <u>NO EXCEPTIONS!</u></p> <p>B. Must be more than 30 but less than 180 days after recipient's signed consent listed in Item #8. (For exceptions refer to instructions listed under Item #8).</p>
20. Type of operation	Must be present.
21. Physician	Physician's signature: Must be an original signature, in ink, of physician who performed the sterilization procedure. No "Stamped" signatures are acceptable.
22. Date	Date of physician's signature: Must be completed with <u>either</u> the same date as listed in Item #8 <u>or</u> later.). <u>NO EXCEPTIONS!</u>